...y invited to the Remarks below, and to List of Diseases on ba...

Health Department, City of Baltimore.

Permit No. A 4993 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1899

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} John Andrejewski

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 60 *Years,* — *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lab.

Birthplace, {State or county, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give Street and Number.} East Brooklyn A A Co. Md

Cause of Death, First (Primary). Brights Disease

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Rosary

Date of Burial, May 4th

Undertaker, J. Fialkoski

Place of Business, 428 S Bond

Chas. H. Brooks M.D., Medical Attendant.

Address, Brooklyn A. A. Co. Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

Enumerated Below:

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH — Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Nativa of	Occupation

Data 189

Age

Male
Female

White
Colored

Married
Single

Widow
Widower

Divorced

Number of children living

Husband of
Wife

Father's Nama

Mother's Nama

Cause of Death — Primary

Immediate

How long sick

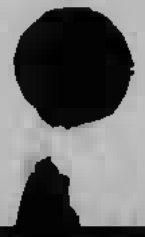
Accident, Suicida, Homicida

Reported by

Address

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888



Name in Full: Mrs. Rachel A. Baker

Certificate of Death

Died at (Town): Annapolis (County): A. A. MARYLAND

Date 189 9 (Month) May (Day) 25 | Age (Y. M. D.) 62 | Native of: Md. | Occupation: at home

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife ~~of~~ John R. Baker 57

Father's Name: Joseph Tydings

Mother's Name: Mary E. Tydings

Cause of Death: Primary: Aortic Regurgitation | How long sick: 6 months

Immediate: Ptomaine poisoning | ~~Accident, Suicide~~, Homicide

Reported by: H. R. Winchester M. D.

Address: 47 Market St. Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Rec'd for record
June 5th 1899

Name In Full

Certificate of Death

McKendree Basil

Died at Town Annapolis County A. A. MARYLAND

Date 1899 Month May Day 16 | Age 33 Y. 6 M. 5 D. | Native of Don't Know Maryland | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Nelson Basil

Mother's Name Margaret Green Don't Know

Cause of Death: Primary Cirhosis of 90 — How long sick 2 months

Immediate Anosarca — ~~Accident, Suicide, Homicide~~

Reported by W. Clower Claude M.D.

Address Annapolis, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

Name in Full — Certificate of Death

Mary Carter

Died at Shady Side (Town) A. A. Co (County) MARYLAND

Date 1899 May (Month) 8 (Day) | Age Y. 35 M. — D. — | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Virgil Carter

Father's Name — — Taylor | Mother's Name — — —

Cause of Death — Primary: Consumption 2 a a | How long sick 2 yrs

Immediate: Pulmonary Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent M. D.

Address Churchton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Town — County

Died at — MARYLAND

Date 189 — Month — Day | Age — Y. M. D. | Native of | Occupation

Male ~~White~~ | Married | Widow | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary — How long sick

Immediate — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70508

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189

Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Name In Full

Certificate of Death

James Helston

Died at Town: Near Odenton County: Anne Arundel MARYLAND

Date 1899 Month: 5 Day: 10 Age Y. M. D.: about 35 Native of Occupation: Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~ none

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary Struck by Express Train

Immediate on B & P R R

How long sick

Accident, ~~Suicide, Homicide~~

Reported by

Address Odenton A A Co [redacted] Wm Jas. E. Magee J P

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Coroner by Officio

LIBRARY BUREAU, 79888

The undertaker was _____

of _____

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Wm Jones

Town

Died at Brooklyn

County

Anne Arundel

MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	May	24th	28				Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband ~~Wife~~ of Mary Jones

Father's Name Richd. Jones

Mother's Name

Cause of Death — Primary: Consumption 2 2w

Immediate: Hemorrhage of Lungs

How long sick 2 years.

~~Accident, Suicide, Homicide~~

Reported by Thomas L. McClelland J.P. acting Coroner

Address Brooklyn A. A. Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 69968

Name in Full: James Larkins

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 189 5 Month 5 Day 6 Age Y. 60 M. D. Native of City Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 3

Husband / Wife of —

Father's Name: Unknown

Mother's Name: Unknown

Cause of Death: Primary Paralysis 42 — How long sick 5 years

Immediate Genl Debility — ~~Accident, Suicide, Homicide~~

Reported by Tom Bishop M D

Address 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
May 12th 1899

Name in Full Elizabeth Lucas

Certificate of Death

Diod at Town Annapoli County Anne Arundel MARYLAND

Date 189 9 Month May Day 31 | Age Y. 59 M. 2 D. 27 | Native of Md. | Occupation At home

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of Wife Horace Lucas 42

Father's Name Wm. Brown Mother's Name Sarah Brown

Cause of Death Primary Hemiplegia How long sick 5 days

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by H. R. Winchester M. D.

Address 47 Market St. Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Read for record
June 5-th 1899

Name in Full: John Randall Magruder

Certificate of Death

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1899 — Month: May — Day: 19 — Age: Y. 32 M. D. — Native of: Annapolis — Occupation: Lawyer

Male — White — ~~Married~~ — Widow — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of — 142 e

Father's Name: John R. Magruder — Mother's Name: Emily N. Magruder

Cause of Death — Primary: Gunshot wound inflicted — How long sick

Immediate: by his own hands — Accident, Suicide, ~~Homicide~~

Reported by: Julian Bruner Coroner

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Rec'd for record
May 22d 1899

Name In Full

Josephine Marriott

Certificate of Death

Died at Town: Davidsonville County: A. A. County MARYLAND

Date 1899 Month: May Day: 1 Age Y.: 45 M.: 4 D.: 5 Native of: Prince George Occupation: House Wife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: 5

~~Husband~~ Wife of John S. Marriott

Father's Name: Frank Duckett Mother's Name: Martha Harvey

Cause of Death — Primary: Cancer of Uterus How long sick: 3 Years

Immediate: Natural Death

Accident, Suicide, Homicide

Reported by: B. R. Davidson M. D.

Address: Davidsonville Anne Arundle Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78508

Attended by Dr. P.C.F 89

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full: Alavia Rawlings

Certificate of Death

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: 5 Day: 26 | Age Y.: 11 M.: 7 D.: 19 | Native of: City | Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: John Rawlings

Mother's Name: Elizabeth Addison

Cause of Death: Primary: Phthisis Pul. 22a

Immediate: Diarrhoea

How long sick: 3 months

~~Accident, Suicide, Homicide~~

Reported by: William Bishop M.D.

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Read for record
May 28th 1899

Name In Full Mrs. Wm. Rhail

Certificate of Death

Dled at Town Shady Side County A. A. MARYLAND

Date 189 4 Month 5 Day

Age Y. 66 M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Republican

Address 5 Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Harriet Ridgley

Certificate of Death

Died at: Town: Annapolis. County: Anne Arundel — MARYLAND

Date 1899: Month: May Day: 21

Age: Y. 2 M. 3 D.

Native of: Annapolis

Occupation: child

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Gues Ridgley.

Mother's Name: Blanche Thomas

Cause of Death: Primary: Whooping Cough 7

Immediate: " "

How long sick: Some months

Accident, Suicide, Homicide

Reported by: Dr William Bishop

Address: Annapolis Md

J William Brewer
Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
May 22 1899

Name In Full

William Scott Southgate

Certificate of Death

Died at Town: Annapolis County: A. A. MARYLAND

Date 189 9 Month: May Day: 21 | Age Y. 68 M. — D. — | Native of Don't Know | Occupation Clergyman

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living Six

~~Wife~~ Husband of Harriet Randolph Tallcott

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death — Primary: Diabetes 28 | How long sick: Several years

Immediate | ~~Accident, Suicide, Homicide~~

Reported by W. Clement Chandler M.D.

Address Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Mary H. Taylor

Town

County

Died at Annapolis Anne Arundel MARYLAND

Month Day Y. M. D.

Date 189 9 May 11th Age 46 — Native of Md Occupation Housewife

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living 2

Husband / Wife of John G. Taylor

Father's Name John L Wilcox

Mother's Name Elizabeth Wilcox

Cause of Death — Primary: Gastro-enteritis — How long sick 4 years

Immediate: Nervous prostration 83

Accident, Suicide, Homicide

Reported by H R Proctor M D

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65068

May 12th 1899

Name In Full Charles A. Shillington — Certificate of Death

Died at Town Eastport County Anne Arundel MARYLAND

Date 189 9 — Month 9 Day 22 | Age Y. 44 M. D. | Native of Washington Occupation Painter

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 2

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Diabetes 2 h — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Evening Capital

Address 9-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70848